

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation
Against:

Ulrich Berg, M.D.

Physician's and Surgeon's
Certificate No. A 26459

Case No.: 800-2019-054107

Respondent.

DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on February 7, 2025.

IT IS SO ORDERED: January 9, 2025.

MEDICAL BOARD OF CALIFORNIA

Michelle A. Bholat, MD

Michelle Anne Bholat M.D., Chair
Panel A

1 ROB BONTA
Attorney General of California
2 MACHAELA M. MINGARDI
Supervising Deputy Attorney General
3 D. MARK JACKSON
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Attorneys for Complainant
7

8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

13 **ULRICH BERG, M.D.**
14 **3022 Fillmore at Union**
San Francisco, CA 94123

15 **Physician's and Surgeon's Certificate No. A**
16 **26459**

17 Respondent.

Case No. 800-2019-054107

OAH No. 2023120788

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

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19
20 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
21 entitled proceedings that the following matters are true:

22 **PARTIES**

23 1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of
24 California (Board). He brought this action solely in his official capacity and is represented in this
25 matter by Rob Bonta, Attorney General of the State of California, by D. Mark Jackson, Deputy
26 Attorney General.

27 2. Respondent Ulrich Berg, M.D. (Respondent) is representing himself in this
28 proceeding and has chosen not to exercise his right to be represented by counsel.

3. On or about December 20, 1974, the Board issued Physician's and Surgeon's Certificate No. A 26459 to Ulrich Berg, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2019-054107, and will expire on November 30, 2026, unless renewed.

JURISDICTION

4. Accusation No. 800-2019-054107 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on March 24, 2022. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2019-054107 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, and understands the charges and allegations in Accusation No. 800-2019-054107. Respondent has also carefully read, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to be represented by counsel at his own expense; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2019-054107, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate. Respondent does not contest that, at an administrative

1 hearing, Complainant could establish a prima facie case with respect to the charges and
2 allegations in Accusation No. 800-2019-054107, a true and correct copy of which is attached
3 hereto as Exhibit A, and Respondent hereby gives up his right to contest those charges.

4 10. ACKNOWLEDGMENT. Respondent acknowledges the Disciplinary Order below,
5 requiring the disclosure of probation pursuant to Business and Professions Code section 2228.1,
6 serves to protect the public interest.

7 11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to
8 discipline and he agrees to be bound by the Board's probationary terms as set forth in the
9 Disciplinary Order below.

10 CONTINGENCY

11 12. This stipulation shall be subject to approval by the Medical Board of California.
12 Respondent understands and agrees that counsel for Complainant and the staff of the Medical
13 Board of California may communicate directly with the Board regarding this stipulation and
14 settlement, without notice to or participation by Respondent. By signing the stipulation,
15 Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the
16 stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this
17 stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of
18 no force or effect, except for this paragraph, it shall be inadmissible in any legal action between
19 the parties, and the Board shall not be disqualified from further action by having considered this
20 matter.

21 13. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to
22 be an integrated writing representing the complete, final and exclusive embodiment of the
23 agreement of the parties in this above-entitled matter.

24 14. Respondent agrees that if he ever petitions for early termination or modification of
25 probation, or if an accusation and/or petition to revoke probation is filed against him before the
26 Board, all of the charges and allegations contained in Accusation No. 800-2019-054107 shall be
27 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any
28 other licensing proceeding involving Respondent in the State of California.

15. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

16. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or opportunity to be heard by the Respondent, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 26459 issued to Respondent Ulrich Berg, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions:

1. PATIENT DISCLOSURE. Before a patient's first visit following the effective date of this order and while the respondent is on probation, the respondent must provide all patients, or patient's guardian or health care surrogate, with a separate disclosure that includes the respondent's probation status, the length of the probation, the probation end date, all practice restrictions placed on the respondent by the board, the board's telephone number, and an explanation of how the patient can find further information on the respondent's probation on the respondent's profile page on the board's website. Respondent shall obtain from the patient, or the patient's guardian or health care surrogate, a separate, signed copy of that disclosure. Respondent shall not be required to provide a disclosure if any of the following applies: (1) The patient is unconscious or otherwise unable to comprehend the disclosure and sign the copy of the disclosure and a guardian or health care surrogate is unavailable to comprehend the disclosure and sign the copy; (2) The visit occurs in an emergency room or an urgent care facility or the visit is unscheduled, including consultations in inpatient facilities; (3) Respondent is not known to the patient until immediately prior to the start of the visit; (4) Respondent does not have a direct treatment relationship with the patient.

2. CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO RECORDS AND INVENTORIES. Respondent shall maintain a record of all controlled substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any

1 recommendation or approval which enables a patient or patient's primary caregiver to possess or
2 cultivate marijuana for the personal medical purposes of the patient within the meaning of Health
3 and Safety Code section 11362.5, during probation, showing all of the following: 1) the name and
4 address of the patient; 2) the date; 3) the character and quantity of controlled substances involved;
5 and 4) the indications and diagnosis for which the controlled substances were furnished.

6 Respondent shall keep these records in a separate file or ledger, in chronological order. All
7 records and any inventories of controlled substances shall be available for immediate inspection
8 and copying on the premises by the Board or its designee at all times during business hours and
9 shall be retained for the entire term of probation.

10 3. EDUCATION COURSE. Within 60 calendar days of the effective date of this
11 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee
12 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours
13 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at
14 correcting any areas of deficient practice or knowledge and shall be Category I certified. The
15 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to
16 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the
17 completion of each course, the Board or its designee may administer an examination to test
18 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65
19 hours of CME of which 40 hours were in satisfaction of this condition.

20 4. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective
21 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in
22 advance by the Board or its designee. Respondent shall provide the approved course provider
23 with any information and documents that the approved course provider may deem pertinent.
24 Respondent shall participate in and successfully complete the classroom component of the course
25 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
26 complete any other component of the course within one (1) year of enrollment. The prescribing
27 practices course shall be at Respondent's expense and shall be in addition to the Continuing
28 Medical Education (CME) requirements for renewal of licensure.

1 A prescribing practices course taken after the acts that gave rise to the charges in the
2 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
3 or its designee, be accepted towards the fulfillment of this condition if the course would have
4 been approved by the Board or its designee had the course been taken after the effective date of
5 this Decision.

6 Respondent shall submit a certification of successful completion to the Board or its
7 designee not later than 15 calendar days after successfully completing the course, or not later than
8 15 calendar days after the effective date of the Decision, whichever is later.

9 5. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
10 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
11 advance by the Board or its designee. Respondent shall provide the approved course provider
12 with any information and documents that the approved course provider may deem pertinent.
13 Respondent shall participate in and successfully complete the classroom component of the course
14 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
15 complete any other component of the course within one (1) year of enrollment. The medical
16 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
17 Medical Education (CME) requirements for renewal of licensure.

18 A medical record keeping course taken after the acts that gave rise to the charges in the
19 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
20 or its designee, be accepted towards the fulfillment of this condition if the course would have
21 been approved by the Board or its designee had the course been taken after the effective date of
22 this Decision.

23 Respondent shall submit a certification of successful completion to the Board or its
24 designee not later than 15 calendar days after successfully completing the course, or not later than
25 15 calendar days after the effective date of the Decision, whichever is later.

26 6. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
27 the effective date of this Decision, Respondent shall enroll in a professionalism program, that
28 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.

1 Respondent shall participate in and successfully complete that program. Respondent shall provide
2 any information and documents that the program may deem pertinent. Respondent shall
3 successfully complete the classroom component of the program not later than six (6) months after
4 Respondent's initial enrollment, and the longitudinal component of the program not later than the
5 time specified by the program, but no later than one (1) year after attending the classroom
6 component. The professionalism program shall be at Respondent's expense and shall be in
7 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

8 A professionalism program taken after the acts that gave rise to the charges in the
9 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
10 or its designee, be accepted towards the fulfillment of this condition if the program would have
11 been approved by the Board or its designee had the program been taken after the effective date of
12 this Decision.

13 Respondent shall submit a certification of successful completion to the Board or its
14 designee not later than 15 calendar days after successfully completing the program or not later
15 than 15 calendar days after the effective date of the Decision, whichever is later.

16 7. MONITORING - PRACTICE/BILLING. Within 30 calendar days of the effective
17 date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a
18 practice monitor(s), the name and qualifications of one or more licensed physicians and surgeons
19 whose licenses are valid and in good standing, and who are preferably American Board of
20 Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or
21 personal relationship with Respondent, or other relationship that could reasonably be expected to
22 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
23 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
24 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

25 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
26 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
27 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
28 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role

1 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
2 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
3 signed statement for approval by the Board or its designee.

4 Within 60 calendar days of the effective date of this Decision, and continuing throughout
5 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall
6 make all records available for immediate inspection and copying on the premises by the monitor
7 at all times during business hours and shall retain the records for the entire term of probation.

8 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
9 date of this Decision, Respondent shall receive a notification from the Board or its designee to
10 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
11 shall cease the practice of medicine until a monitor is approved to provide monitoring
12 responsibility.

13 The monitor(s) shall submit a quarterly written report to the Board or its designee which
14 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
15 are within the standards of practice of medicine, and whether Respondent is practicing medicine
16 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the
17 quarterly written reports to the Board or its designee within 10 calendar days after the end of the
18 preceding quarter.

19 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
20 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
21 name and qualifications of a replacement monitor who will be assuming that responsibility within
22 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
23 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
24 notification from the Board or its designee to cease the practice of medicine within three (3)
25 calendar days after being so notified. Respondent shall cease the practice of medicine until a
26 replacement monitor is approved and assumes monitoring responsibility.

27 In lieu of a monitor, Respondent may participate in a professional enhancement program
28 approved in advance by the Board or its designee that includes, at minimum, quarterly chart

1 review, semi-annual practice assessment, and semi-annual review of professional growth and
2 education. Respondent shall participate in the professional enhancement program at Respondent's
3 expense during the term of probation.

4 8. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
5 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
6 Chief Executive Officer at every hospital where privileges or membership are extended to
7 Respondent, at any other facility where Respondent engages in the practice of medicine,
8 including all physician and locum tenens registries or other similar agencies, and to the Chief
9 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
10 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
11 calendar days.

12 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

13 9. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
14 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
15 advanced practice nurses.

16 10. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules
17 governing the practice of medicine in California and remain in full compliance with any court
18 ordered criminal probation, payments, and other orders.

19 11. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
20 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
21 limited to, expert review, accusations, legal reviews, investigation, and subpoena enforcement, as
22 applicable, in the amount of \$49,111 (forty-nine thousand one hundred eleven dollars and zero
23 cents). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall
24 be considered a violation of probation.

25 Payment must be made in full within 30 calendar days of the effective date of the Order, or
26 by a payment plan approved by the Medical Board of California. Any and all requests for a
27 payment plan shall be submitted in writing by respondent to the Board. Failure to comply with the
28 payment plan shall be considered a violation of probation.

1 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to
2 repay investigation and enforcement costs, including expert review costs.

3 12. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
4 under penalty of perjury on forms provided by the Board, stating whether there has been
5 compliance with all the conditions of probation.

6 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
7 of the preceding quarter.

8 13. GENERAL PROBATION REQUIREMENTS.

9 Compliance with Probation Unit

10 Respondent shall comply with the Board's probation unit.

11 Address Changes

12 Respondent shall, at all times, keep the Board informed of Respondent's business and
13 residence addresses, email address (if available), and telephone number. Changes of such
14 addresses shall be immediately communicated in writing to the Board or its designee. Under no
15 circumstances shall a post office box serve as an address of record, except as allowed by Business
16 and Professions Code section 2021, subdivision (b).

17 Place of Practice

18 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
19 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
20 facility.

21 License Renewal

22 Respondent shall maintain a current and renewed California physician's and surgeon's
23 license.

24 Travel or Residence Outside California

25 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
26 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
27 (30) calendar days.

28 In the event Respondent should leave the State of California to reside or to practice

1 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
2 departure and return.

3 14. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be
4 available in person upon request for interviews either at Respondent's place of business or at the
5 probation unit office, with or without prior notice throughout the term of probation.

6 15. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
7 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
8 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
9 defined as any period of time Respondent is not practicing medicine as defined in Business and
10 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
11 patient care, clinical activity or teaching, or other activity as approved by the Board. If
12 Respondent resides in California and is considered to be in non-practice, Respondent shall
13 comply with all terms and conditions of probation. All time spent in an intensive training program
14 which has been approved by the Board or its designee shall not be considered non-practice and
15 does not relieve Respondent from complying with all the terms and conditions of probation.
16 Practicing medicine in another state of the United States or Federal jurisdiction while on
17 probation with the medical licensing authority of that state or jurisdiction shall not be considered
18 non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-
19 practice.

20 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
21 months, Respondent shall successfully complete the Federation of State Medical Boards' Special
22 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
23 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
24 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

25 Respondent's period of non-practice while on probation shall not exceed two (2) years.

26 Periods of non-practice will not apply to the reduction of the probationary term.

27 Periods of non-practice for a Respondent residing outside of California will relieve
28 Respondent of the responsibility to comply with the probationary terms and conditions with the

1 exception of this condition and the following terms and conditions of probation: Obey All Laws;
2 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
3 Controlled Substances; and Biological Fluid Testing.

4 16. COMPLETION OF PROBATION. Respondent shall comply with all financial
5 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
6 completion of probation. This term does not include cost recovery, which is due within 30
7 calendar days of the effective date of the Order, or by a payment plan approved by the Medical
8 Board and timely satisfied. Upon successful completion of probation, Respondent's certificate
9 shall be fully restored.

10 17. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
11 of probation is a violation of probation. If Respondent violates probation in any respect, the
12 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
13 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,
14 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have
15 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
16 the matter is final.

17 18. LICENSE SURRENDER. Following the effective date of this Decision, if
18 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
19 the terms and conditions of probation, Respondent may request to surrender his or her license.
20 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
21 determining whether or not to grant the request, or to take any other action deemed appropriate
22 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
23 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
24 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
25 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
26 application shall be treated as a petition for reinstatement of a revoked certificate.

27 19. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
28 with probation monitoring each and every year of probation, as designated by the Board, which

1 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
2 California and delivered to the Board or its designee no later than January 31 of each calendar
3 year.

4 20. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
5 a new license or certification, or petition for reinstatement of a license, by any other health care
6 licensing action agency in the State of California, all of the charges and allegations contained in
7 Accusation No. 800-2019-054107 shall be deemed to be true, correct, and admitted by
8 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
9 restrict license.

10 *Ulrich Berg, M.D.* ACCEPTANCE

11 I have carefully read the Stipulated Settlement and Disciplinary Order. I understand the
12 stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this
13 Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree
14 to be bound by the Decision and Order of the Medical Board of California.

15
16 DATED: 7/28/2024

Ulrich Berg, M.D.

17 _____
ULRICH BERG, M.D.
Respondent

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19 ENDORSEMENT

20 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
21 submitted for consideration by the Medical Board of California.

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DATED: 7/28/2024

Respectfully submitted,

ROB BONTA
Attorney General of California
MACHAELA M. MINGARDI
Supervising Deputy Attorney General



D. MARK JACKSON
Deputy Attorney General
Attorneys for Complainant

SF2022400421

Exhibit A

Accusation No. 800-2019-054107

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7 *Attorneys for Complainant*

8
9 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 800-2019-054107

13 **ULRICH BERG, M.D.**
14 **3022 Fillmore St. (at Union)**
San Francisco, CA 94123

ACCUSATION

15 **Physician's and Surgeon's Certificate**
16 **No. A 26459,**

17 Respondent.

18
19 **PARTIES**

20 1. William Prasifka (Complainant) brings this Accusation solely in his official capacity
21 as the Executive Director of the Medical Board of California, Department of Consumer Affairs
22 (Board).

23 2. On or about December 20, 1974, the Medical Board issued Physician's and Surgeon's
24 Certificate Number A 26459 to Ulrich Berg, M.D. (Respondent). The Physician's and Surgeon's
25 Certificate was in full force and effect at all times relevant to the charges brought herein and will
26 expire on November 30, 2022, unless renewed.

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4. Section 2227 of the Code states:

(1) Have his or her license revoked upon order of the board.

(3) Be placed on probation and be required to pay the costs of probation
toring upon order of the board.

(5) Have any other action taken in relation to discipline as part of an order of suspension, as the board or an administrative law judge may deem proper.

5. Section 2234 of the Code states:

(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

1 (1) An initial negligent diagnosis followed by an act or omission medically
appropriate for that negligent diagnosis of the patient shall constitute a single
negligent act.

2
3 (2) When the standard of care requires a change in the diagnosis, act, or
omission that constitutes the negligent act described in paragraph (1), including, but
4 not limited to, a reevaluation of the diagnosis or a change in treatment, and the
licensee's conduct departs from the applicable standard of care, each departure
5 constitutes a separate and distinct breach of the standard of care.

6 (d) Incompetence.

7 (e) The commission of any act involving dishonesty or corruption that is
substantially related to the qualifications, functions, or duties of a physician and
8 surgeon.

9 (f) Any action or conduct that would have warranted the denial of a certificate.

10 (g) The failure by a certificate holder, in the absence of good cause, to attend
and participate in an interview by the board. This subdivision shall only apply to a
11 certificate holder who is the subject of an investigation by the board.

12 6. Section 2228 of the Code states:

13 The authority of the board or the California Board of Podiatric Medicine to
discipline a licensee by placing him or her on probation includes, but is not limited to,
14 the following:

15 (a) Requiring the licensee to obtain additional professional training and to pass
an examination upon the completion of the training. The examination may be written
16 or oral, or both, and may be a practical or clinical examination, or both, at the option
of the board or the administrative law judge.

17 (b) Requiring the licensee to submit to a complete diagnostic examination by
one or more physicians and surgeons appointed by the board. If an examination is
18 ordered, the board shall receive and consider any other report of a complete
diagnostic examination given by one or more physicians and surgeons of the
19 licensee's choice.

20 (c) Restricting or limiting the extent, scope, or type of practice of the licensee,
including requiring notice to applicable patients that the licensee is unable to perform
21 the indicated treatment, where appropriate.

22 (d) Providing the option of alternative community service in cases other than
violations relating to quality of care.

23 7. Section 2228.1 of the Code states:

24 (a) On and after July 1, 2019, except as otherwise provided in subdivision (c),
the board and the Podiatric Medical Board of California shall require a licensee to
25 provide a separate disclosure that includes the licensee's probation status, the length
of the probation, the probation end date, all practice restrictions placed on the licensee
26 by the board, the board's telephone number, and an explanation of how the patient
can find further information on the licensee's probation on the licensee's profile page
27 on the board's online license information internet web site, to a patient or the
patient's guardian or health care surrogate before the patient's first visit following the
28

1 probationary order while the licensee is on probation pursuant to a probationary order
2 made on and after July 1, 2019, in any of the following circumstances:

3 (1) A final adjudication by the board following an administrative hearing or
4 admitted findings or prima facie showing in a stipulated settlement establishing any
5 of the following:

6 (A) The commission of any act of sexual abuse, misconduct, or relations with a
7 patient or client as defined in Section 726 or 729.

8 (B) Drug or alcohol abuse directly resulting in harm to patients or the extent
9 that such use impairs the ability of the licensee to practice safely.

10 (C) Criminal conviction directly involving harm to patient health.

11 (D) Inappropriate prescribing resulting in harm to patients and a probationary
12 period of five years or more.

13 (2) An accusation or statement of issues alleged that the licensee committed any
14 of the acts described in subparagraphs (A) to (D), inclusive, of paragraph (1), and a
15 stipulated settlement based upon a nolo contendere or other similar compromise that
16 does not include any prima facie showing or admission of guilt or fact but does
17 include an express acknowledgment that the disclosure requirements of this section
18 would serve to protect the public interest.

19 (b) A licensee required to provide a disclosure pursuant to subdivision (a) shall
20 obtain from the patient, or the patient's guardian or health care surrogate, a separate,
21 signed copy of that disclosure.

22 (c) A licensee shall not be required to provide a disclosure pursuant to
23 subdivision (a) if any of the following applies:

24 (1) The patient is unconscious or otherwise unable to comprehend the
25 disclosure and sign the copy of the disclosure pursuant to subdivision (b) and a
26 guardian or health care surrogate is unavailable to comprehend the disclosure and
27 sign the copy.

28 (2) The visit occurs in an emergency room or an urgent care facility or the visit
is unscheduled, including consultations in inpatient facilities.

(3) The licensee who will be treating the patient during the visit is not known to
the patient until immediately prior to the start of the visit.

(4) The licensee does not have a direct treatment relationship with the patient.

(d) On and after July 1, 2019, the board shall provide the following
information, with respect to licensees on probation and licensees practicing under
probationary licenses, in plain view on the licensee's profile page on the board's
online license information internet web site.

(1) For probation imposed pursuant to a stipulated settlement, the causes
alleged in the operative accusation along with a designation identifying those causes
by which the licensee has expressly admitted guilt and a statement that acceptance of
the settlement is not an admission of guilt.

1 (2) For probation imposed by an adjudicated decision of the board, the causes
2 for probation stated in the final probationary order.

3 (3) For a licensee granted a probationary license, the causes by which the
4 probationary license was imposed.

5 (4) The length of the probation and end date.

6 (5) All practice restrictions placed on the license by the board.

7 (e) Section 2314 shall not apply to this section.

8 8. Section 2242 of the Code states:

9 (a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section
10 4022 without an appropriate prior examination and a medical indication, constitutes
11 unprofessional conduct. An appropriate prior examination does not require a
12 synchronous interaction between the patient and the licensee and can be achieved
13 through the use of telehealth, including, but not limited to, a self-screening tool or a
14 questionnaire, provided that the licensee complies with the appropriate standard of
15 care.

16 (b) No licensee shall be found to have committed unprofessional conduct within
17 the meaning of this section if, at the time the drugs were prescribed, dispensed, or
18 furnished, any of the following applies:

19 (1) The licensee was a designated physician and surgeon or podiatrist serving in
20 the absence of the patient's physician and surgeon or podiatrist, as the case may be,
21 and if the drugs were prescribed, dispensed, or furnished only as necessary to
22 maintain the patient until the return of the patient's practitioner, but in any case no
23 longer than 72 hours.

24 (2) The licensee transmitted the order for the drugs to a registered nurse or to a
25 licensed vocational nurse in an inpatient facility, and if both of the following
26 conditions exist:

27 (A) The practitioner had consulted with the registered nurse or licensed
28 vocational nurse who had reviewed the patient's records.

(B) The practitioner was designated as the practitioner to serve in the absence
of the patient's physician and surgeon or podiatrist, as the case may be.

(3) The licensee was a designated practitioner serving in the absence of the
patient's physician and surgeon or podiatrist, as the case may be, and was in
possession of or had utilized the patient's records and ordered the renewal of a
medically indicated prescription for an amount not exceeding the original prescription
in strength or amount or for more than one refill.

(4) The licensee was acting in accordance with Section 120582 of the Health
and Safety Code.

9. Section 2266 of the Code states: The failure of a physician and surgeon to maintain
adequate and accurate records relating to the provision of services to their patients constitutes
unprofessional conduct.

10. Section 725 of the Code states:

(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of the community of licensees is unprofessional conduct for a physician and surgeon, dentist, podiatrist, psychologist, physical therapist, chiropractor, optometrist, speech-language pathologist, or audiologist.

(b) Any person who engages in repeated acts of clearly excessive prescribing or administering of drugs or treatment is guilty of a misdemeanor and shall be punished by a fine of not less than one hundred dollars (\$100) nor more than six hundred dollars (\$600), or by imprisonment for a term of not less than 60 days nor more than 180 days, or by both that fine and imprisonment.

(c) A practitioner who has a medical basis for prescribing, furnishing, dispensing, or administering dangerous drugs or prescription controlled substances shall not be subject to disciplinary action or prosecution under this section.

(d) No physician and surgeon shall be subject to disciplinary action pursuant to this section for treating intractable pain in compliance with Section 2241.5.

11. Health and Safety Code § 11165.4 states:

(a) (1) (A) (i) A health care practitioner authorized to prescribe, order, administer, or furnish a controlled substance shall consult the CURES database to review a patient's controlled substance history before prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the patient for the first time and at least once every four months thereafter if the substance remains part of the treatment of the patient.

(ii) If a health care practitioner authorized to prescribe, order, administer, or furnish a controlled substance is not required, pursuant to an exemption described in subdivision (c), to consult the CURES database the first time he or she prescribes, orders, administers, or furnishes a controlled substance to a patient, he or she shall consult the CURES database to review the patient's controlled substance history before subsequently prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the patient and at least once every four months thereafter if the substance remains part of the treatment of the patient.

(B) For purposes of this paragraph, first time means the initial occurrence in which a health care practitioner, in his or her role as a health care practitioner, intends to prescribe, order, administer, or furnish a Schedule II, Schedule III, or Schedule IV controlled substance to a patient and has not previously prescribed a controlled substance to the patient.

(2) A health care practitioner shall obtain a patient's controlled substance history from the CURES database no earlier than 24 hours, or the previous business day, before he or she prescribes, orders, administers, or furnishes a Schedule II, Schedule III, or Schedule IV controlled substance to the patient.

(b) The duty to consult the CURES database, as described in subdivision (a), does not apply to veterinarians or pharmacists.

1 (c) The duty to consult the CURES database, as described in subdivision (a),
2 does not apply to a health care practitioner in any of the following circumstances:

3 (1) If a health care practitioner prescribes, orders, or furnishes a controlled
4 substance to be administered to a patient while the patient is admitted to any of the
5 following facilities or during an emergency transfer between any of the following
6 facilities for use while on facility premises:

7 (A) A licensed clinic, as described in Chapter 1 (commencing with Section
8 1200) of Division 2.

9 (B) An outpatient setting, as described in Chapter 1.3 (commencing with
10 Section 1248) of Division 2.

11 (C) A health facility, as described in Chapter 2 (commencing with Section
12 1250) of Division 2.

13 (D) A county medical facility, as described in Chapter 2.5 (commencing with
14 Section 1440) of Division 2.

15 (2) If a health care practitioner prescribes, orders, administers, or furnishes a
16 controlled substance in the emergency department of a general acute care hospital and
17 the quantity of the controlled substance does not exceed a nonrefillable seven-day
18 supply of the controlled substance to be used in accordance with the directions for
19 use.

20 (3) If a health care practitioner prescribes, orders, administers, or furnishes a
21 controlled substance to a patient as part of the patient's treatment for a surgical
22 procedure and the quantity of the controlled substance does not exceed a nonrefillable
23 five-day supply of the controlled substance to be used in accordance with the
24 directions for use, in any of the following facilities:

25 (A) A licensed clinic, as described in Chapter 1 (commencing with Section
26 1200) of Division 2.

27 (B) An outpatient setting, as described in Chapter 1.3 (commencing with
28 Section 1248) of Division 2.

(C) A health facility, as described in Chapter 2 (commencing with Section
1250) of Division 2.

(D) A county medical facility, as described in Chapter 2.5 (commencing with
Section 1440) of Division 2.

(E) A place of practice, as defined in Section 1658 of the Business and
Professions Code.

(4) If a health care practitioner prescribes, orders, administers, or furnishes a
controlled substance to a patient currently receiving hospice care, as defined in
Section 1339.40.

(5) (A) If all of the following circumstances are satisfied:

(i) It is not reasonably possible for a health care practitioner to access the
information in the CURES database in a timely manner.

1 (ii) Another health care practitioner or designee authorized to access the
CURES database is not reasonably available.

2 (iii) The quantity of controlled substance prescribed, ordered, administered, or
3 furnished does not exceed a nonrefillable five-day supply of the controlled substance
4 to be used in accordance with the directions for use and no refill of the controlled
substance is allowed.

5 (B) A health care practitioner who does not consult the CURES database under
subparagraph (A) shall document the reason he or she did not consult the database in
6 the patient's medical record.

7 (6) If the CURES database is not operational, as determined by the department,
or when it cannot be accessed by a health care practitioner because of a temporary
8 technological or electrical failure. A health care practitioner shall, without undue
delay, seek to correct any cause of the temporary technological or electrical failure
that is reasonably within his or her control.

9 (7) If the CURES database cannot be accessed because of technological
10 limitations that are not reasonably within the control of a health care practitioner.

11 (8) If consultation of the CURES database would, as determined by the health
care practitioner, result in a patient's inability to obtain a prescription in a timely
12 manner and thereby adversely impact the patient's medical condition, provided that
the quantity of the controlled substance does not exceed a nonrefillable five-day
13 supply if the controlled substance were used in accordance with the directions for use.

14 (d) (1) A health care practitioner who fails to consult the CURES database, as
described in subdivision (a), shall be referred to the appropriate state professional
15 licensing board solely for administrative sanctions, as deemed appropriate by that
board.

16 (2) This section does not create a private cause of action against a health care
17 practitioner. This section does not limit a health care practitioner's liability for the
negligent failure to diagnose or treat a patient.

18 (e) This section is not operative until six months after the Department of Justice
19 certifies that the CURES database is ready for statewide use and that the department
has adequate staff, which, at a minimum, shall be consistent with the appropriation
20 authorized in Schedule (6) of Item 0820-001-0001 of the Budget Act of 2016
(Chapter 23 of the Statutes of 2016), user support, and education. The department
21 shall notify the Secretary of State and the office of the Legislative Counsel of the date
of that certification.

22 (f) All applicable state and federal privacy laws govern the duties required by
23 this section.

24 (g) The provisions of this section are severable. If any provision of this section
or its application is held invalid, that invalidity shall not affect other provisions or
25 applications that can be given effect without the invalid provision or application.

26 (h) This section shall become inoperative on July 1, 2021, or upon the date the
department promulgates regulations to implement this section and posts those
27 regulations on its internet website, whichever date is earlier, and, as of January 1,
2022, is repealed.

1 **COST RECOVERY**

2 12. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
3 administrative law judge to direct a licensee found to have committed a violation or violations of
4 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
5 enforcement of the case, with failure of the licensee to comply subjecting the license to not being
6 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be
7 included in a stipulated settlement.

8 **DESCRIPTION OF PERTINENT DRUGS**

9 13. Adderall is a trade name for a combination drug containing four salts of
10 amphetamine, also known as mixed amphetamine salts (MAS), and is a central nervous system
11 (CNS) stimulant of the phenethylamine class. It is a Schedule II controlled substance under
12 Health and Safety Code Section 11055(d) and is a dangerous drug as defined in Business and
13 Professions Code Section 4022. It is used in the treatment of attention deficit disorder (ADD),
14 attention deficit hyperactivity disorder (ADHD), and narcolepsy. It may cause new or worsening
15 psychosis (unusual thoughts or behavior), especially in those with a history of depression, mental
16 illness, or bipolar disorder.

17 14. Alprazolam, known by the trade name Xanax, is in the benzodiazepine class of
18 central nervous system-active compounds. It is used for the management of anxiety disorders or
19 for the short-term relief of the symptoms of anxiety. It is a Schedule IV controlled substance as
20 defined by section 11057, subdivision (d) of the Health and Safety Code, and by section 1308.14
21 (c) of Title 21 of the Code of Federal Regulations, and is a dangerous drug as defined in Business
22 and Professions Code section 4022. Xanax has a central nervous system depressant effect and
23 patients should be cautioned about the simultaneous ingestion of alcohol and other CNS
24 depressant drugs during treatment with Xanax.

25 15. Ativan, a trade name for lorazepam, is a benzodiazepine and central nervous system
26 (CNS) depressant used in the management of anxiety disorder for short-term relief from the
27 symptoms of anxiety or anxiety associated with depressive symptoms. It is a Schedule IV
28 controlled substance as defined by section 11057 of the Health and Safety Code and by section

1 1308.14 of Title 21 of the Code of Federal Regulations, and is a dangerous drug as defined in
2 Business and Professions Code section 4022. Long-term or excessive use of Ativan can cause
3 dependency. Concomitant use of alcohol or other CNS depressants may have an additive effect.

4 16. Celexa is a trade name for citalopram, an antidepressant of the selective serotonin
5 reuptake inhibitor (SSRI) class that is used to treat depression and major depressive disorder. It is
6 a prescription medication and is a dangerous drug as defined in Business and Professions Code
7 Section 4022.

8 17. Clonazepam, known by the trade name Klonopin, is an anti-convulsant of the benzodiazepine
9 benzodiazepine class of drugs. It is a Schedule IV controlled substance under Health and Safety
10 Code section 11057(d)(7) and is a dangerous drug as defined in Business and Professions Code
11 section 4022. It produces central nervous system (CNS) depression and should be used with
12 caution with other CNS depressant drugs. Like other benzodiazepines, it can produce
13 psychological and physical dependence. Withdrawal symptoms similar to those associated with
14 withdrawal from barbiturates and alcohol have been noted upon abrupt discontinuance of
15 Klonopin.

16 18. Concerta is a trade name for methylphenidate hydrochloride extended release tablets.
17 It is a central nervous system (CNS) stimulant prescription medicine used to treat attention deficit
18 hyperactivity disorder (ADHD) in children six years of age and older, adolescents, and in adults
19 up to the age of 65. It should be used as part of a total treatment program for ADHD that may
20 include counseling or other therapies. Concerta may cause new or worsening psychosis (unusual
21 thoughts or behavior), especially in those with a history of depression, mental illness, bipolar
22 disorder, or severe anxiety. It is a Schedule II controlled substance under Health and Safety Code
23 Section 11055 and is a dangerous drug as defined in Business and Professions Code Section
24 4022.

25 19. Diazepam, known by the trade name Valium, is a psychotropic drug used for the
26 management of anxiety disorders or for the short-term relief of the symptoms of anxiety. It is a
27 Schedule IV controlled substance as defined by section 11057 of the Health and Safety Code and
28 section 1308.14 of Title 21 of the Code of Federal Regulations, and is a dangerous drug as

1 defined in Business and Professions Code section 4022. Diazepam can produce psychological
2 and physical dependence and it should be prescribed with caution particularly to addiction-prone
3 individuals (such as drug addicts and alcoholics) because of the predisposition of such patients to
4 habituation and dependence.

5 20. Librium is a former trade name for chlordiazepoxide hydrochloride. It is a
6 benzodiazepine that is used to treat anxiety disorders and may also be used on a short-term basis
7 to treat symptoms of alcohol withdrawal. It should not be used concomitantly with opioids or
8 alcohol consumption because of an increased risk of slowing or stopping respiration. It is a
9 Schedule IV controlled substance as defined by section 11057 of the Health and Safety Code and
10 is a dangerous drug as defined in Business and Professions Code section 4022. In early 2021, the
11 Librium brand name was discontinued by its manufacturer in the United States.

12 21. Nuvigil is a trade name for armodafinil, a central nervous system (CNS) stimulant
13 medication that promotes wakefulness and is used to treat excessive sleepiness caused by sleep
14 apnea, narcolepsy, or shift-work sleep disorder. It is a Schedule IV controlled substance as
15 defined by section 11057 of the Health and Safety Code and is a dangerous drug as defined in
16 Business and Professions Code section 4022. It may be habit-forming, especially for someone
17 with a history of drug abuse or addiction. It is usually given for up to 12 weeks. It should not be
18 taken concomitantly with alcohol.

19 22. Oxycodone hydrochloride (oxycodone) is known by the trade name OxyContin.
20 Oxycodone is a white, odorless crystalline powder derived from an opium alkaloid. It is a pure
21 agonist opioid whose principal therapeutic action is analgesia. Other therapeutic effects of
22 oxycodone include anxiolysis, euphoria, and feelings of relaxation. Oxycodone is a Schedule II
23 controlled substance and narcotic as defined by section 11055, subdivision (b)(1) of the Health
24 and Safety Code, and a Schedule II controlled substance as defined by Section 1308.12 (b)(1) of
25 Title 21 of the Code of Federal Regulations, and a dangerous drug as defined in Business and
26 Professions Code section 4022. Respiratory depression is the chief hazard from all opioid agonist
27 preparations. Oxycodone should be used with caution and started in a reduced dosage (1/3 to 1/2
28 of the usual dosage) in patients who are concurrently receiving other central nervous system

1 depressants, including sedatives or hypnotics, general anesthetics, phenothiazines, other
2 tranquilizers, and alcohol.

3 23. Temazepam, known by the trade name Restoril, is in the class of medications known
4 as sedative/hypnotics. It is used in the treatment of symptoms of insomnia. It is a Schedule IV
5 controlled substance as defined by section 11057 of the Health and Safety Code and is a
6 dangerous drug as defined in Business and Professions Code section 4022.

7 24. Zolpidem tartrate, known by the trade name Ambien, is a non-benzodiazepine
8 hypnotic of the imidazopyridine class. It is a Schedule IV controlled substance under Health and
9 Safety Code section 11057(d)(32) and is a dangerous drug as defined in Business and Professions
10 Code section 4022. It is indicated for the short-term treatment of insomnia. It is a central
11 nervous system (CNS) depressant and should be used cautiously in combination with other CNS
12 depressants. Any CNS depressant could potentially enhance the CNS depressive effects of
13 Ambien. It should be administered cautiously to patients exhibiting signs or symptoms of
14 depression because of the risk of suicide. Because of the risk of habituation and dependence,
15 individuals with a history of addiction to or abuse of drugs or alcohol should be carefully
16 monitored while receiving Ambien.

17 18 **FIRST CAUSE FOR DISCIPLINE**

19 **(Unprofessional Conduct re Patient A¹: Repeated Negligent Acts and/or Prescribing** 20 **Without Appropriate Exam and Medical Indication and/or Excessive Prescribing)**

21 25. Respondent Ulrich Berg, M.D. is subject to disciplinary action for unprofessional
22 conduct through his acts and omissions regarding Patient A under Code section 2234 subd. (c)
23 [repeated negligent acts] and/or section 2242 [furnishing dangerous drugs without appropriate
24 examination and medical indication] and/or section 725 [excessive prescribing]. The
25 circumstances are as follows:

26
27
28 ¹ To protect the privacy rights of the patients, they will be identified by letters.
Respondent will be provided the patients' names through discovery.

1 26. On or about June 7, 2016, Patient A, a female born in June 1983, first saw
2 Respondent. Respondent's notes for the June 7, 2016 initial visit are handwritten and often
3 illegible, with no appropriate examination (history and physical) documented with findings to
4 support Respondent's prescribing of controlled substances. In fact, all of Respondent's visit notes
5 for Patient A are handwritten and are often illegible.

6 27. Respondent's notes for the initial visit are unclear as to the details of the medications
7 prescribed. According to the CURES database, in June 2016, Patient A filled the following
8 prescriptions from Respondent: (on June 7) #30 Concerta 36 mg. and #30 clonazepam 0.25 mg.;
9 (on June 12) #75 lorazepam 1 mg.; and (on June 21) #30 diazepam 10 mg.

10 28. According to the CURES database and CVS pharmacy prescribing records, Patient A
11 also received, in June 2016, opioids and diazepam from other prescribers.

12 29. In a written Clinical Summary dated February 9, 2022, Respondent stated that Patient
13 A was referred to him for "continued treatment of depression, anxiety, insomnia, and ADHD."
14 Respondent, however, obtained none of the records from the referring physician and/or did not
15 document an appropriate examination with findings to support any of these diagnoses.

16 30. On or about July 7, 2016, Patient A next saw Respondent. Respondent's notes of the
17 visit are scant and mostly illegible, with no examination or findings documented. Respondent's
18 notes are unclear about what he prescribed, except for prescribing Xanax 1 mg. However, the
19 CURES database notes that, on July 7, 2016, Patient A filled the following three prescriptions
20 from Respondent: #30 methylphenidate hcl 10 mg. (Adderall; 15-day supply); #90 alprazolam 1
21 mg. (Xanax); and #30 Concerta 36 mg.

22 31. In his written Clinical Summary dated February 9, 2022, Respondent listed five
23 diagnoses for Patient A that he was treating: (1) Major Depression, Recurrent; (2) Anxiety
24 Disorder with Insomnia; (3) Acute Panic Attack; (4) Adult Attention Deficit Disorder; and (5)
25 Borderline Personality Disorder. Respondent's records for Patient A, however, document no
26 appropriate examinations or findings and no medical indications to support these diagnoses.²

27
28 ² Respondent produced to the Board records for Patient A with visit notes from
06/07/2016 through 12/07/2018 and billing records for therapy sessions through 12/20/2018.

1 32. Patient A had a history of alcohol abuse, which Respondent failed to document or
2 otherwise acknowledge and evaluate. It appears that, on or about September 5, 2018, Respondent
3 noted that Patient A had been hospitalized for five days after binge-drinking for two days. Yet,
4 Respondent continued to prescribed benzodiazepines and psychostimulants to Patient A without
5 conducting a periodic review of his treatments and the patient's condition.

6 33. According to the CURES database, Respondent prescribed #56 chlordiazepoxide hcl
7 25 mg. (Librium; 9 day supply) to Patient A in February 2019. During his investigation interview
8 on February 23, 2022, Respondent stated that the prescriptions for Librium were because the
9 patient was withdrawing from alcohol, after another drinking binge.

10 34. On or about March 28, 2019, the Board received an online complaint about
11 Respondent from a physician who had reviewed the CURES database while evaluating Patient A,
12 whom he described as "a known alcoholic," for an inpatient psychiatric admission. The physician
13 complained that Respondent's prescribing to Patient A in February 2019 was dangerous to the
14 patient when combined with alcohol. The physician stated that he contacted Respondent and was
15 concerned that Respondent knew the patient was an alcoholic, that Respondent misquoted the
16 doses of benzodiazepines and Adderall being prescribed to Patient A ("indicating possible issues
17 with tracking or documenting medications properly"), and that Respondent did not have CURES
18 access.

19 35. According to Respondent's records and the CURES database, Respondent continued
20 to see Patient A and to issue prescriptions, from June 7, 2016 through at least March 2019, of
21 combinations of benzodiazepines and psychostimulants which subjected Patient A to a high risk
22 of harm and also raised concerns for monitoring because of the potential for medication misuse.

23 36. During the course of his treatment of Patient A, Respondent did not document that he
24 discussed the risks and alternatives with the patient of the long-term controlled substances
25 prescribed in order to obtain informed consent to the treatment from the patient.

26 37. During the course of his treatment of Patient A, Respondent failed to appropriately
27 monitor the patient's compliance with the treatment regimen. Respondent never reviewed the
28 CURES database regarding the controlled substances prescribed to the patient.

1 **SECOND CAUSE FOR DISCIPLINE**

2 **(Unprofessional Conduct re Patient B: Repeated Negligent Acts and/or Prescribing Without**
3 **Appropriate Exam and Medical Indication and/or Excessive Prescribing)**

4 38. Respondent Ulrich Berg, M.D. is subject to disciplinary action for unprofessional
5 conduct through his acts and omissions regarding Patient B under Code section 2234 subd. (c)
6 [repeated negligent acts] and/or section 2242 [furnishing dangerous drugs without appropriate
7 examination and medical indication] and/or section 725 [excessive prescribing]. The
8 circumstances are as follows:

9 39. In or about October 2012, Patient B, a female born in September 1982, was referred
10 to Respondent by her psychiatrist who was retiring from practice. In a written Clinical Summary
11 dated February 9, 2022, Respondent stated that Patient B was referred to him in October 2012 for
12 "continued treatment of depression, anxiety, and chronic hip pain" and that the patient presented
13 as "stabilized on Xanax 1 mg. bid and oxycodone 30 mg. bid." Respondent, however, obtained
14 none of the records from the referring physician. It appears that Respondent did not document an
15 appropriate examination with findings to support any of these diagnoses. Respondent noted that
16 Patient B belonged to the Kaiser Health Plan (HMO) and paid in cash for her sessions with him.
17 Respondent stated that he last saw the patient on February 18, 2018.

18 40. In his written Clinical Summary for Patient B dated February 9, 2022, Respondent
19 listed two diagnoses for Patient B that he was treating: (1) Anxiety Disorder; and (2) chronic hip
20 and knee pain. Respondent stated that he prescribed lorazepam 1 mg. bid for the patient's
21 Anxiety Disorder and oxycodone 30 mg. qid for the chronic hip and knee pain. Respondent's
22 records for Patient B, however, document no appropriate examinations or findings and no medical
23 indications to support these diagnoses and his prescribing of the long-term combination of opioids
24 and benzodiazepines.³ His prescribing of both lorazepam and oxycodone was also often in higher
25 doses than described in his Clinical Summary.

26
27
28 ³ Respondent produced to the Board records for Patient B with visit notes from
01/04/2016 through 2/21/2018. No billing records were produced for Patient B.

1 41. On or about January 4, 2016, Respondent saw Patient B and refilled prescriptions for
2 #120 oxycodone 30 mg. and #60 lorazepam 1 mg. Respondent's records of the visit do not
3 include any findings regarding the current status of the patient's pain, anxiety, or depression
4 sufficient to support the prescriptions.

5 42. In his January 4, 2016 visit note, Respondent noted that Patient B was seeing a ^{physician}
6 gastroenterologist and in October 2015 she had her gallbladder removed. According to
7 Respondent's clinical summary dated February 9, 2022, Patient B continued to have ongoing
8 gastrointestinal problems: bloating, nausea, vomiting.

9 43. During the course of treatment of Patient B, from January 2016 through February
10 2018, Respondent noted that the patient was having gastrointestinal problems but he did not
11 consider that the patient's gastrointestinal complications might be related to her long-term use of
12 opioids.

13 44. On or about March 1, 2017, Respondent saw Patient B and noted that the patient was
14 relocating to the East Coast. Respondent noted that he gave the patient prescriptions for two
15 months' supply of oxycodone 30 mg. #120 (two separate prescriptions of #60) and of #60
16 lorazepam.

17 45. According to the CURES database, on March 2, 2017, Patient B filled prescriptions ^{with}
18 from Respondent for #240 oxycodone 30 mg. and #60 lorazepam 1 mg.

19 46. Although he did not see Patient B again until August 1, 2017, Respondent has a brief
20 note in the patient's records that, on April 13, 2017, "vacation supply sent." Respondent also has
21 in Patient B's records a copy of a prescription dated April 4, 2017 for #120 lorazepam/Ativan
22 with a note that the patient was "going to Iran for 2 months." Respondent's records, however, do
23 not provide sufficient information about his prescribing. The CURES database does not indicate
24 that Patient B filled any prescriptions for controlled substances in California in or about April
25 2017.

26 47. Respondent's records document that his next visit with Patient B (after March 2,
27 2017) was on or about August 1, 2017. Respondent's notes are partially illegible and do not
28

adequately document findings regarding the patient's condition, particularly regarding her anxiety and pain levels, while also not providing the details of any prescriptions issued.

48. According to the CURES database, Patient B did not fill any prescriptions in August 2017 but did fill prescriptions from Respondent on September 8, 2017 for the following controlled substances: #40 oxycodone 30 mg. and #30 lorazepam 1 mg.

49. On or about September 12, 2017, Respondent saw Patient B. His note of the visit is scant and partially illegible, with no mention of the patient's physical condition, pain and anxiety levels. The note also does not adequately document the current medications that the patient is taking and does not indicate that any prescriptions were issued. According to the CURES database, on September 21 and 27, 2017, Patient B filled two prescriptions from Respondent that totaled #80 oxycodone 30 mg. and #30 lorazepam 1 mg.

50. On or about October 9, 2017, Respondent saw Patient B and noted refilling prescriptions for #84 oxycodone 30 mg. and #60 lorazepam 1 mg. without documenting any information about the patient's medical conditions.

51. On or about November 10, 2017, Respondent saw Patient B. Respondent's notes of the visit, which are partially illegible, do not include any adequate findings about the patient's medical conditions and there is no indication that any prescriptions were issued. The CURES database reports that Respondent significantly increased the amount of oxycodone 30 mg. to #120 while also prescribing #60 lorazepam 1 mg. on that date.

52. On or about December 5, 2017, Respondent's notes of the visit, which are partially illegible, do not include any adequate findings about the patient's medical conditions. At this visit, Respondent again increased the dosage of oxycodone prescribed to Patient B, without any documented medical indication: #120 oxycodone 30 mg.; #120 oxycodone 15 mg; along with #60 lorazepam 1 mg.

53. On or about December 28, 2017, Respondent saw Patient B and noted that he increased the amount of lorazepam to #90 monthly, without any findings of the patient's medical conditions or reasonable medical indication for the increase. Respondent also issued a

1 prescription for #120 oxycodone 30 mg. without an appropriate examination with findings and
2 documented medical indication.

3 54. On or about January 26, 2018, Respondent saw Patient B and prescribed #120
4 oxycodone 30 mg. and #90 lorazepam 1 mg. without documenting appropriate findings about the
5 patient's medical conditions to support the prescribing. b6 b7C

6 55. On or about February 21, 2018, Respondent saw Patient B.⁴ His visit notes, which
7 are partially illegible do not include any adequate findings about the patient's medical conditions
8 and do not document that any prescriptions were issued. Without explanation, there is a note that
9 "She needs to get 2 month (sic) supply meds." According to the CURES database, Patient B
10 filled; on February 21, 2018, the following prescriptions from Respondent: #240 oxycodone 30
11 mg. and #90 lorazepam 1 mg.

12 56. Respondent's prescribing of oxycodone and lorazepam to Patient B from December
13 2017 through February 2018 constitutes excessive prescribing of controlled substances with no
14 documented medical indications to support the treatments.

15 57. During the course of his treatment of Patient B, from at least January 2016 through
16 February 21, 2018, Respondent continued to prescribe oxycodone to the patient when she was
17 being seen by an orthopedic surgeon for her hip problems. Respondent did not consult with the
18 orthopedic surgeon to coordinate care and did not document a medical indication for his
19 prescribing of opioids, on a chronic basis, to the patient.

20 58. During the course of his treatment of Patient B, from at least January 2016 through
21 February 21, 2018, Respondent prescribed a combination of opioids and benzodiazepines on a
22 long-term chronic basis without advising the patient of the risks, the benefits, and alternative
23 treatments and/or without documenting that informed consent was obtained from the patient for
24 the treatments.

25 59. During the course of his treatment of Patient B, from at least January 2016 through
26 February 21, 2018, Respondent failed to appropriately monitor the patient's compliance with the

27
28 ⁴ The 02/21/2018 visit is the last (most recent) visit documented in the records that
Respondent certified and produced to the Board on 02/23/2022.

1 prescribing regimen and to conduct periodic reviews of the efficacy of the treatments.
2 Respondent never reviewed the CURES database regarding the controlled substances prescribed
3 to the patient.
4

5 **THIRD CAUSE FOR DISCIPLINE**

6 **(Unprofessional Conduct re Patient C: Repeated Negligent Acts and/or Prescribing Without
7 Appropriate Exam and Medical Indication and/or Excessive Prescribing)**

8 60. Respondent Ulrich Berg, M.D. is subject to disciplinary action for unprofessional
9 conduct through his acts and omissions regarding Patient C under Code section 2234 subd. (c)
10 [repeated negligent acts] and/or section 2242 [furnishing dangerous drugs without appropriate
11 examination and medical indication] and/or section 725 [excessive prescribing]. The
12 circumstances are as follows:

13 61. On or about February 3, 2016, Respondent saw Patient C, a female born in October
14 1954, whom Respondent had been treating with psychotherapy and controlled substances for at
15 least five years. Respondent was treating Patient C for chronic Post-Traumatic Stress Disorder
16 arising from sexual harassment experienced in 2004 when the patient worked as an assistant cook
17 and room steward on a container ship. Respondent's notes of the visit are scant and do not
18 contain adequate findings regarding the patient's mental status or other medical conditions. The
19 notes are partially illegible and provide incomplete information about the strength of the
20 medications prescribed. Respondent notes that he issued prescriptions for: #90 Restoril
21 (temazepam); #180 Xanax (alprazolam); and Nuvigil 250 mg.

22 Pharmacy prescribing records indicate that, in February 2016, Patient C filled prescriptions
23 from Respondent for: #90 temazepam 30 mg. (Restoril) for: sleep/insomnia; #90 citalopram 20
24 mg. (Celexa) for depression/anxiety; #30 Nuvigil 250 mg. for sleep apnea; #180 alprazolam 0.5
25 mg. (Xanax) for panic attacks; and #60 clonazepam 1 mg. (Klonopin).

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1 62. On or about June 13, 2016, more than four months after the previous visit,
2 Respondent next saw Patient C. Respondent's visit note is scant and contains no findings about
3 the patient's mental and/or physical conditions. There are no details about the prescriptions
4 issued, except for "meds refilled." According to the CURES database, on June 13, 2016, Patient
5 C filled prescriptions from Respondent for the following controlled substances: #180 zolpidem
6 tartrate 10 mg. (90 day supply); and #180 clonazepam 1 mg. (90 day supply).

7 63. Although Respondent has no record of seeing Patient C and/or issuing prescriptions
8 to her in July through November 2016, the CURES database reports that Patient C filled
9 prescriptions from Respondent, in August and November 2016, for the following controlled
10 substances (in total): #180 zolpidem tartrate 10 mg.; #180 clonazepam 1 mg.; and #60 temazepam
11 30 mg. Pharmacy records also report that Patient C filled prescriptions from Respondent,
12 including prescriptions for bupropion XL 300 mg. in June and July 2016.⁵

13 64. On or about December 8, 2016, Respondent saw Patient C, about six months after the
14 previous visit. Respondent's notes are inadequate and contain no findings of the patient's mental
15 and/or physical conditions, except the sentence "She has multiple physical symptoms."
16 Respondent noted that the patient travels to the Philippines three times a year. There is no
17 documentation of the patient's current medications. Respondent noted issuing prescriptions for:
18 #180 clonazepam; #180 Ambien; and #90 citalopram 40 mg., with a note that they were for one
19 year.

20 65. According to the CURES database, however, Patient C did not fill any prescriptions
21 from Respondent for controlled substances between November 23, 2016 and March 14, 2017, in
22 California.

23 66. Although Respondent has no record of seeing Patient C and/or issuing prescriptions
24 to her in March and July 2017, the CURES database reports that Patient C filled prescriptions
25 from Respondent during those months for the following controlled substances (in total): #180
26 zolpidem tartrate 10 mg. and #360 clonazepam 1 mg.

27 ⁵ Bupropion hydrochloride, known by trade names Wellbutrin XL and Zyban, is a
28 prescription drug used to treat depression and may be used to prevent seasonal affective disorder
or to assist with cessation of smoking.

1 67. On or about December 13, 2017, Respondent next saw Patient C, which was more
2 than one year after the previous visit. Respondent's notes are scant and inadequate and contain
3 no findings of the patient's mental and/or physical conditions. Respondent notes appear to record
4 his issuing of prescriptions for #90 Celexa 40 mg., #90 Ambien 10 mg., and #270 citalopram 40
5 mg. (3 month supply). According to the CURES database, Patient C filled the prescription for
6 #270 clonazepam 1 mg. on December 21, 2017 and, on January 12, 2018, filled the prescription
7 for #90 Ambien 10 mg. Pharmacy records indicate that Patient C filled prescriptions for #90
8 citalopram on December 13, 2017 and on March 19, 2018.

9 68. Respondent's billing records indicate that he saw Patient C on March 23, 2018 for
10 individual psychotherapy and medication evaluation. Respondent has no progress notes for
11 March 23, 2018.

12 69. Respondent's billing records indicate that he saw Patient C for individual
13 psychotherapy and medication evaluation visits on June 6, 2019, October 1, 2019, and on
14 December 9, 2019. Respondent's notes of these three visits in 2019 are scant and mostly
15 illegible. There are no findings to document the patient's mental status and/or physical condition
16 and no list of the patient's current medications. Respondent's notes issuing prescriptions are
17 partially illegible but prescribing records report that in June through December 2019, Patient C
18 filled prescriptions from Respondent for Celexa, Klonopin, zolpidem/Ambien, ropinirole, and
19 zaleplon.⁶ Records indicate that, during that same time period, Patient C was also receiving
20 prescription medications from other prescribers.

21 70. According to pharmacy prescribing records, on June 4, 2020, Patient C filled a
22 prescription from Respondent for #60 zolpidem 10 mg. tablets (Ambien) with instructions to take
23 1 – 2 tablets at bedtime, as needed. A 20 mg. dose of zolpidem would constitute an excessive
24 dose for Patient C.

25 71. According to Respondent's handwritten Clinical Summary in Patient C's records that
26 were produced to the Board, Respondent treated her insomnia with Ambien, her anxiety and

27 ⁶ Ropinirole is a dopamine agonist prescription medicine used to control muscle
28 movement, e.g. restless leg syndrome, symptoms of Parkinson's disease. Zaleplon is a hypnotic
that is used for short-term treatment of insomnia. It is a Schedule IV controlled substance.

1 panic attacks with Klonopin, and her depressive symptoms with Celexa. Respondent stated that
2 he gave the patient "adequate supplies to last her for her stays in the Philippines," where she
3 would visit her aging parents at least two or three times a year, sometimes staying for six months.
4 Respondent also stated that Patient C has other health issues: diabetes, obesity, chronic back pain
5 and sciatica, restless leg syndrome, and hyperlipidemia. Respondent, however, never
6 documented any examinations or evaluations of these health issues.

7 72. During the course of his treatment of Patient C, starting in February 2016,
8 Respondent failed to document evaluations and findings regarding Patient's C mental and/or
9 physical conditions to support his treatments.

10 73. During the course of his treatment of Patient C, starting in February 2016,
11 Respondent did not document performing appropriate medical examinations and did not
12 document findings to support medical indications for his prescribing a combination of opioids,
13 benzodiazepines, and sedative-hypnotic drugs, along with medications for restless leg syndrome
14 and sleep apnea.

15 74. During the course of his treatment of Patient C, starting in February 2016, months.
16 Respondent saw the patient infrequently and did not adequately monitor Patient C and conduct
17 appropriate periodic review of the treatments, given the types and quantities of medications being
18 prescribed and the number of medical problems being treated. Respondent never reviewed the
19 CURES database regarding the controlled substances prescribed to the patient.

20 75. Respondent demonstrated a lack of knowledge by prescribing of benzodiazepines and
21 hypnotic sedative drugs on a chronic, yet infrequent, basis which put the patient at risk of
22 potentially life-threatening complications. Respondent failed to make efforts to decrease the
23 does, or find non-dependence producing and less dangerous medications for treatment.

24 76. During the course of his treatment of Patient C, starting in February 2016,
25 Respondent prescribed to Patient C excessively high doses of a combination of benzodiazepines
26 and sedative-hypnotic drugs while simultaneously treating the patient for sleep apnea, e.g. 10-20
27 mg. of zolpidem at bedtime, along with 3 mg. daily of clonazepam. months.

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1 **FOURTH CAUSE FOR DISCIPLINE**

2 **(Unprofessional Conduct re Patient D: Repeated Negligent Acts and/or Prescribing Without**
3 **Appropriate Examination and Medical Indication)**

4 77. Respondent Ulrich Berg, M.D. is subject to disciplinary action for unprofessional
5 conduct through his acts and omissions regarding Patient D under Code section 2234 subd. (c)
6 [repeated negligent acts] and/or section 2242 [furnishing dangerous drugs without appropriate
7 examination and medical indication]. The circumstances are as follows:

8 78. According to Respondent's handwritten Clinical Summary, he saw Patient D, a male
9 born in November 1961, regularly for treatment of Post-Traumatic Stress Disorder, Panic
10 Disorder, and for chronic lower back pain. Patient D was placed on permanent disability after a
11 work-related accident in 1999, during which a deep excavation collapsed upon him and he
12 narrowly escaped being buried alive. Respondent's Clinical Summary of Patient D reports that
13 the patient is currently stabilized for his anxiety and panic attacks with one or two mg. daily of
14 lorazepam (Ativan), as needed.

15 79. From at least October 27, 2015, Patient D saw Respondent about every six weeks for
16 individual psychotherapy and medication management. Respondent has regularly prescribed to
17 Patient D #60 lorazepam 1 mg. (30 days' supply).⁷

18 80. During the course of his treatment of Patient D, starting from October 27, 2015,
19 Respondent's notes are scant and partially illegible and Respondent did not document an
20 appropriate examination with findings regarding the patient's mental and/or physical condition to
21 establish a medical indication that supports the long-term prescribing of lorazepam.

22 81. During the course of his treatment of Patient D, starting from October 27, 2015,
23 Respondent did not document obtaining the patient's informed consent to the treatment by
24 discussing with the patient the risks, benefits, and the alternatives to the long-term, chronic, use of
25 lorazepam, and by advising the patient of the risk of dependency and/or potential complications
26 of the treatment.

27 ⁷ The records for Patient D, which Respondent certified and produced to the Board on or
28 about 02/02/2022, cover visits from 10/27/2015 through 03/23/2020 and billing records from
01/01/2016 to 01/01/2020.

82. During the course of his treatment of Patient D, starting from October 27, 2015, Respondent failed to conduct appropriate periodic reviews of the efficacy of the treatment. . . .

83. During the course of his treatment of Patient D, starting from October 27, 2015, Respondent failed to properly monitor the patient's compliance with the treatment and/or failed to check the CURES database when prescribing controlled substances on a chronic basis.

FIFTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct re Patients A, B, C & D: Failure to Maintain Adequate and Accurate Medical Records)

84. Respondent Ulrich Berg, M.D. is subject to disciplinary action, jointly and severally, for unprofessional conduct under Code section 2266 for his failure to maintain adequate and accurate medical records regarding his treatment of Patient A and/or Patient B and/or Patient C and/or Patient D.

85. Paragraphs 25 through 83 are incorporated herein by reference, as if fully set forth. “

SIXTH CAUSE FOR DISCIPLINE

Unprofessional Conduct: Failure to register with and review CURES database for Patients A, C, & D)

86. Respondent Ulrich Berg, M.D. is subject to disciplinary action for unprofessional conduct under section 2234 through violations of California Health and Safety Code section 11165.4, which sets forth requirements for health care practitioners to review the CURES database prior to issuing an initial prescription and also at least once every four months when prescribing controlled substances on a periodic basis. This requirement went into operative effect for all health care practitioners as of October 2, 2018.

87. Paragraphs 25 through 37 and Paragraphs 60 through 83 are incorporated herein by reference, as if fully set forth.

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1 88. During his interview with the Board's investigator in February 2022, Respondent
2 stated that he is not registered with CURES and is unfamiliar with the regulations requiring the
3 review of CURES reports when prescribing controlled substances on a chronic, periodic basis.

4 89. Respondent did not conduct appropriate periodic review of the CURES database, as
5 required by statute on October 2, 2018, when prescribing controlled substances on an ongoing
6 periodic basis to Patient A, Patient C, and Patient D.

7
8 **DISCIPLINARY CONSIDERATIONS**

9 90. To determine the degree of discipline, if any, to be imposed on Respondent Ulrich
10 Berg, M.D., Complainant alleges that the Board issued a Decision and Order on December 18,
11 1996, in a prior disciplinary action titled *In the Matter of the Accusation Against Ulrich Berg,*
12 *M.D.*, Medical Board of California Case Number 13-92-17952. The disciplinary matter was
13 based on the allegations in both the Accusation filed on April 17, 1995 and the First Supplemental
14 Accusation filed on July 6, 1995. Pursuant to this prior Decision, Respondent's license was
15 revoked but the revocation was stayed and the license was placed on probation for three years
16 with the following special terms and conditions: 15-days of suspension; a Prescribing Practices
17 course; Maintain a Record of Controlled Drugs Prescribed; Education course(s), an additional 20
18 hours annually; and an Ethics course. That prior Decision is now final and is incorporated by
19 reference, as if fully set forth herein.

20
21 **PRAYER**

22 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
23 and that following the hearing, the Medical Board of California issue a decision:

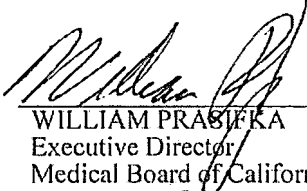
24 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 26459,
25 issued to Respondent Ulrich Berg, M.D.;

26 2. Revoking, suspending or denying approval of Respondent Ulrich Berg, M.D.'s
27 authority to supervise physician assistants and advanced practice nurses;

1 3. Ordering Respondent Ulrich Berg, M.D., to pay the Board the costs of the
2 investigation and enforcement of this case and, if placed on probation, the costs of probation
3 monitoring; and

4 4. Taking such other and further action as deemed necessary and proper.

5
6 DATED: MAR 24 2022



WILLIAM PRASIEKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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